



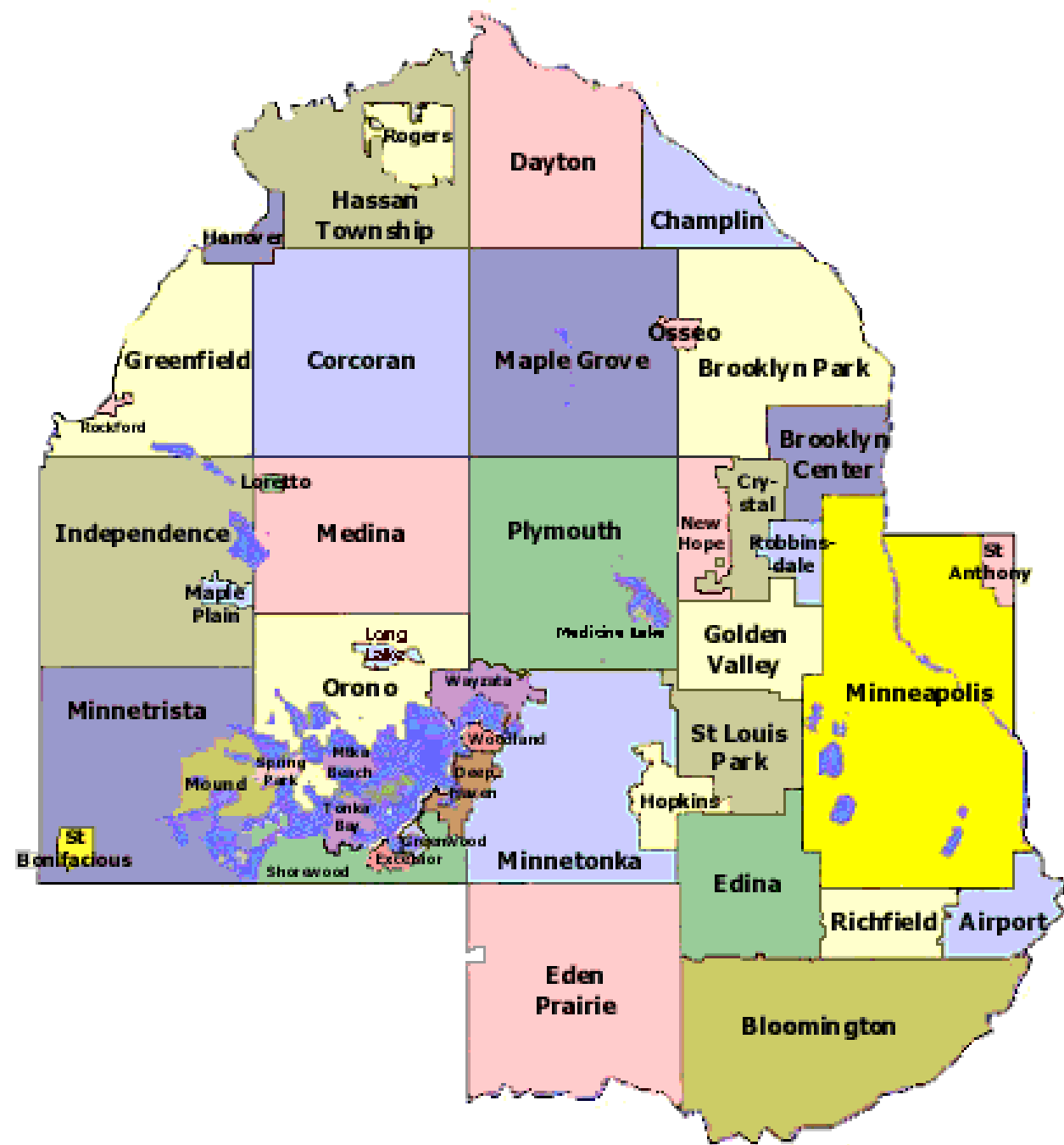
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Key Lessons

- The epidemiology and demographic disparities of Hennepin County's HIV epidemic
- Why is a countywide HIV strategy needed?
- What are Positively Hennepin's vision, operating principals, and goals?
- Measuring progress towards our vision: Ten milestones to achieve by the end of 2018
- A force for institutional change: tactics to achieve Positively Hennepin's goals



The HIV Epidemic: A Public-Health Crisis

The number of people living with HIV (PLWH) and AIDS in Hennepin County: 4,567*

The number of PLWH and AIDS in Minnesota: 8,539*

53% of
Minnesotans living
with HIV or AIDS
are in Hennepin
County

*2016



The HIV Epidemic: A Public-Health Crisis

51% of all new
infections happen
among Hennepin
County residents

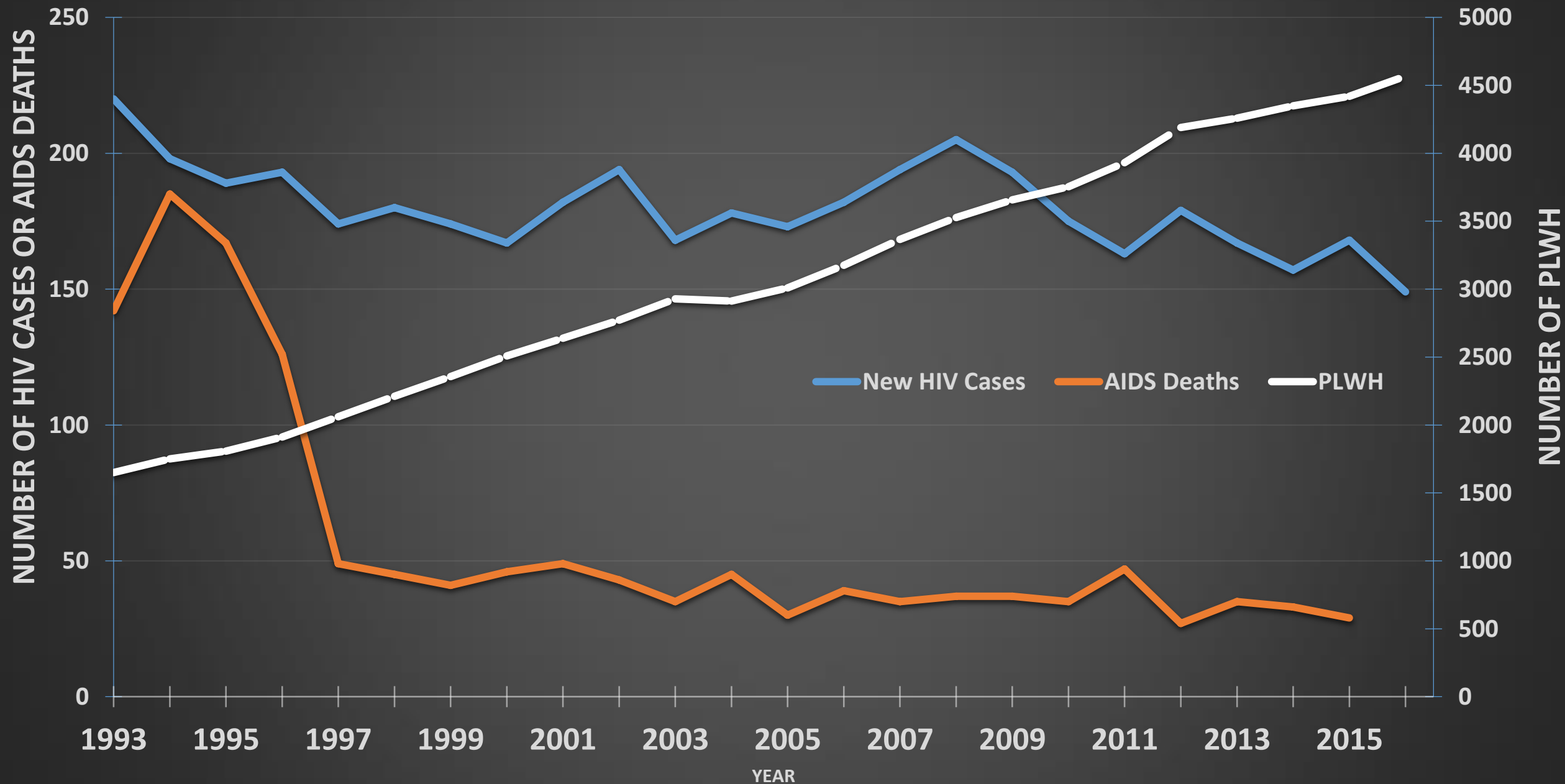
New infections in Hennepin
County: 149*

New infections in Minnesota: 290*

*2016



HIV and AIDS in Hennepin County: 1993 through 2016



The HIV Epidemic: A Public-Health Crisis

Twenty-eight percent of diagnosed PLWH in Hennepin were not retained in care in 2016.

That's 1,231 PLWH who are out of care.

The HIV Epidemic: A Public-Health Crisis

- Significant racial and ethnic disparities
 - Black, Latino, and American Indian residents
 - Blacks: 4.8x the rate of whites
 - American Indians: 2.6x the rate of whites
 - Latinos: 1.9x the rate of whites

The HIV Epidemic: A Public-Health Crisis

- Sexuality and gender-identity disparities
 - Men who have sex with men: 52x more likely to have HIV than non-MSM
 - Transgender women of color are especially affected

America's Hidden H.I.V. Epidemic

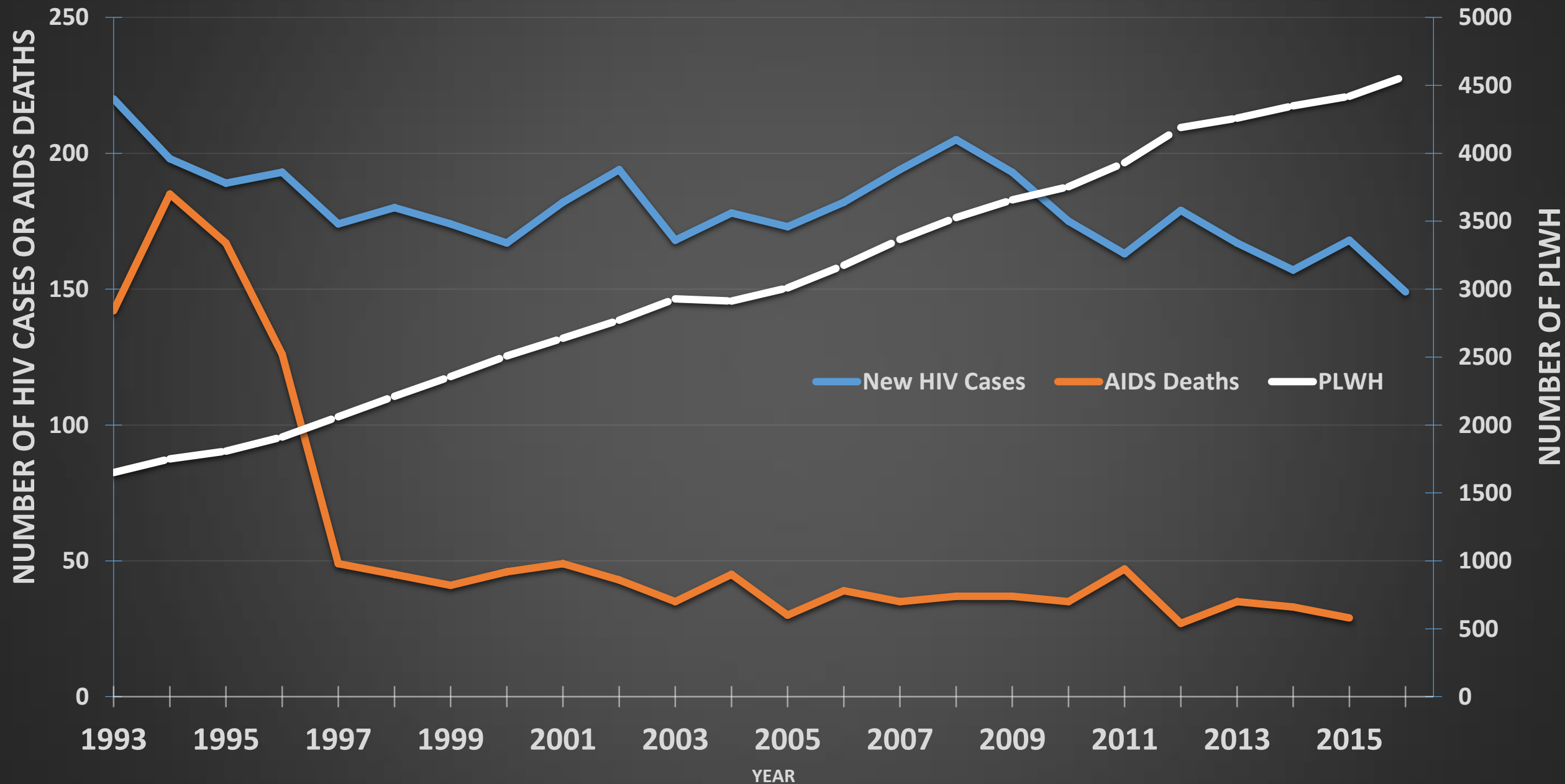
Why do America's black gay and bisexual men have a higher H.I.V. rate than any country in the world?

By LINDA VILLAROSA JUNE 6, 2017

One in two black gay, bisexual, and other MSM will live with HIV if the status quo continues.

Why is a countywide HIV Strategy Needed?

HIV and AIDS in Hennepin County: 1993 through 2016



A majority of Minnesota's HIV incidence and prevalence is in Hennepin County

To change the course of the epidemic—decrease the stubborn number of new infections

Politics—Creating a county strategy happened more quickly than a statewide strategy

To take advantage of policy and medical innovations

Taking Advantage of Policy and Medical Innovations

- The Affordable Care Act
 - Medicaid expansion
 - No cost-sharing for preventative services
 - No discrimination against people with preexisting conditions
- President Obama's National HIV/AIDS Strategy Updates to 2020 (NHAS: 2020)
- Treatment as prevention
- Pharmaceutical preventions: PrEP and PEP

What are Positively Hennepin's vision, operating principals, and goals?



HIV: Preventable. Treatable. Stoppable.

We envision a Hennepin County where:

- All people living with HIV have healthy, vibrant lives
- There are NO new HIV infections
- All people have equitable access to HIV prevention and health care services

Operating Principles

Principle 1

- Reduce health disparities and promote health equity

Principle 2

- Achieve a fully integrated public and private response to the epidemic

All Hands on Deck

- Ending the epidemic requires mobilizing all of Hennepin County government and providers
- Hennepin County alone cannot end the epidemic
- Coordination among all sectors of society—public, non-government organizations, private—is needed to end the epidemic

Positively Hennepin Goals

Goal A: Decrease new HIV infections

Goal B: Ensure access to and retention in care

Goal C: Engage and facilitate the empowerment of communities disproportionately affected by HIV to stop new infections and eliminate disparities

Measuring Progress Towards Our Vision: Ten Milestones to Achieve by the end of 2018

Are the policy changes that we're making moving
the needle?

How effectively are we serving the people?

Goal A: Decreasing New Infections

60% of Hennepin County Medical Center and NorthPoint clients will have had an HIV test

90% of people living with HIV will know their status

There will be a 5% decline in the number of new HIV infections

100% increase in the number of people on PrEP

Goal B: Ensure Access to and Retention in Care for PLWH

80% of people living with HIV will be retained in care

70% of people living with HIV have suppressed the virus

75% of people living with HIV will not experience housing barriers to retention in care

Goal C: Engage and Facilitate the Empowerment of Communities that HIV Hits Hardest

90% of people living with HIV from hard-hit communities will be aware of their status

80% of people living with HIV from hard-hit communities will be retained in care

70% of people living with HIV from hard-hit communities will have suppressed the virus

Goal C: Defining Hard-Hit Communities

Young gay, bisexual, other men who have sex with men of all ethnicities and races

Men of color: especially African-born, African American, and Latino gay/bisexual/MSM

Women of color: cisgender and transgender African-born, African American, and Latinas

Challenges to Measuring our Milestones: PrEP

- Access to data at public-funded clinics that provide PrEP
- No access to uptake among commercially-insured people
- All-payers Claims Database (APCD):
 - Most recent data is from 2013
 - PrEP became available in 2012
 - APCD cannot provide county-specific data
- Possible source of data
 - MarketScan Commercial Claims and Encounter Database
 - Provided national PrEP use data for the NHAS 2016 Progress Report

Uptake of HIV Preexposure Prophylaxis Among Commercially Insured Persons—United States, 2010–2014

Hsiu Wu,¹ Maria C. B. Mendoza,¹ Ya-lin A. Huang,¹ Tameka Hayes,^{1,2} Dawn K. Smith,¹ and Karen W. Hoover¹

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(See the Editorial Commentary by Goldschmidt on pages 150–1.)

Background. Daily, oral use of tenofovir disoproxil fumarate and emtricitabine (TDF-FTC) for preexposure prophylaxis (PrEP) is an effective strategy to prevent acquisition of human immunodeficiency virus (HIV) infection. It is important to monitor PrEP uptake at the national level to increase our understanding of trends in its utilization, but national HIV surveillance data do not include PrEP uptake. Our objective was to develop feasible methods to estimate PrEP uptake and to estimate uptake each year among commercially insured persons during 2010–2014.

Methods. We conducted a retrospective analysis of the 2010–2014 MarketScan database, a national sample of persons with commercial health insurance in the United States. We developed an algorithm to identify persons aged ≥16 years who were prescribed TDF-FTC for PrEP each year. We generated nationally representative estimates of prevalence of persons prescribed PrEP.

Results. We found a significantly increasing trend in the proportion of persons prescribed TDF-FTC for PrEP during the study period, with 417 users in 2010 and 9375 in 2014 ($P < .001$); 97% of PrEP users were male and 98% lived in metropolitan areas in 2014. During the study period, the numbers of women prescribed PrEP were low.

Conclusions. Our analytic method provides the only feasible means to monitor PrEP uptake in the United States. Although a marked increasing trend in uptake was observed for men, the number of women who used PrEP remained very low during the study period. Interventions are needed to increase PrEP use by women at substantial risk of acquiring HIV infection.

Keywords. HIV; preexposure prophylaxis; PrEP; tenofovir; TDF-FTC.

Challenges to Measuring our Milestones: PrEP

- We hope to use the Wu et al., 2016 algorithm to collect Minnesota state and Hennepin County PrEP-use in commercially-insured residents

Challenges to Measuring our Milestones: PrEP

Wu et al., 2016

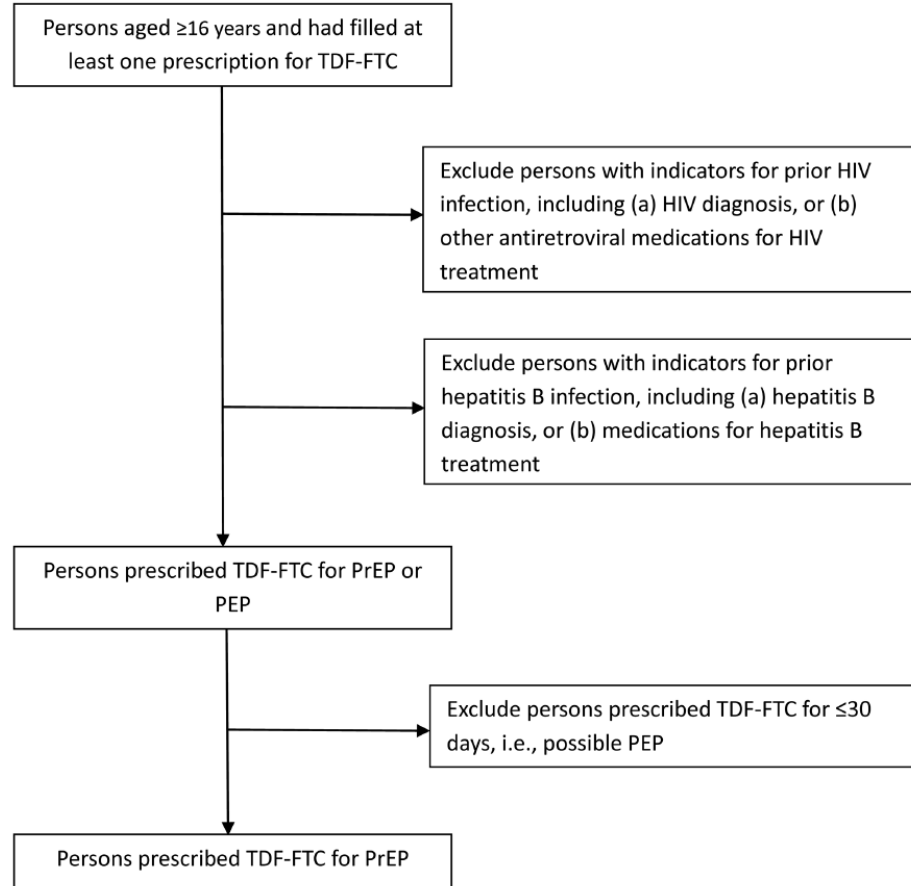


Figure 1. Algorithm for identifying persons prescribed tenofovir disoproxil fumarate and emtricitabine (TDF-FTC) for preexposure prophylaxis (PrEP). Abbreviations: HIV, human immunodeficiency virus; PEP, postexposure prophylaxis.

Challenges to Measuring Milestones: Housing Barriers

- HIV Strategies need to be living, breathing documents
- Work across policy areas and outside of government to improve policy
 - **Principle 2**—Achieve a fully integrated public and private response to the epidemic
- 75% of people living with HIV will not experience housing barriers to retention in care
- This milestone as originally written doesn't make sense to housing-policy experts

A Force for Institutional Change: Tactics to Achieve Positively Hennepin's Goals



A Force for Institutional Change

- Hennepin County's elected leadership—Board of Commissioners—authorized twenty-six tactics to drive policy changes within the county and to change how we work with partners outside the county.
- These tactics are tied to Positively Hennepin's three different goals
- We hope to implement these tactics across all of county government
 - Administration—Human Resources
 - Human Services and Public Health—Welfare and Public-Health Programs
 - Public Works—Transportation, Economic Development Projects
 - Public Safety—Corrections, Sheriff's Office
 - Operations—County Communications, County Libraries



National HIV/AIDS Strategy Updated to 2020: Driving institutional change across federal agencies

A Force for Institutional Change

A Force for Institutional Change: Examples of Positively Hennepin's Twenty-Six Tactics

- Goal A: Reducing New Infections
 - Expand the number and type of organizations that implement routine HIV testing by offering providers incentives and supports
 - Convene a network of Hennepin County providers to scale up access to PrEP & PEP for everyone who needs it and offer supports for those who cannot afford it
 - Work with private and Hennepin County operated health care providers to develop a plan establishing routine testing for HIV as part of standard healthcare screenings

A Force for Institutional Change: Examples of Positively Hennepin's Twenty-Six Tactics

- Goal B: Ensure Access to and Retention in Care for PLWH
 - Utilize and coordinate surveillance and public and private clinical data to find people not in care and to re-engage those who left care
 - Provide ongoing HIV education of staff and volunteers at key entry points to the system
 - Provide coordination and access to care for people living with HIV who are exiting CD, correctional, or other institutional settings

A Force for Institutional Change: Implementing Positively Hennepin within County Government

- Strong support from elected leadership is essential: Institutional change is slow, difficult, and sometimes met with resistance
- Knowledge of the HIV epidemic is low within the county, even within the Human Services and Public Health Department
- Internal education is key: government leadership need to understand the severity of the HIV problem before solutions can be developed
- Human stories are as important as epidemiological data

A Force for Institutional Change: Implementing Positively Hennepin within County Government

- Begin change within your sphere of influence
- Hennepin County Human Services and Public Health Department (HSPHD), NorthPoint Clinic, Hennepin County Medical Center
- Implementation is currently happening within the HSPHD Emergency Mental Health and Eligibility and Work Services area (welfare programs like Temporary Assistance for Needy Families)
- Working with department leadership to identify tactics that their departments can implement

A Force for Institutional Change: Implementing Positively Hennepin within County Government

- Tactics that Emergency Mental Health are implementing
 - Ensure people at risk of HIV have access to address complex mental health/chemical abuse issues that are barriers to testing for people who are at risk of HIV
 - Provide accurate information on basic health practices, sexual health, comprehensive sex education and HIV testing
 - Provide ongoing HIV education of staff and volunteers at key entry points to the system
- Eligibility and Work Services
 - Policy changes will affect the work of 700 staff who administer welfare programs and directly serve with county residents

A Force for Institutional Change: Implementing Positively Hennepin outside County Government

- Goal C: Engage and Facilitate the Empowerment of Communities that HIV Hits Hardest
 - Provide options for testing, and education in non-traditional community settings identified by the community
 - Create strategies with communities disproportionately affected by HIV so all services are culturally responsive and specific to the strengths and barriers identified through the information review
- Social justice: serving marginalized communities means following their lead

A Force for Institutional Change: Implementing Positively Hennepin outside County Government

- Building relationships with communities that HIV hits hardest who are also broadly marginalized in our society
- Challenges
 - Deep mistrust of government
 - Lack of knowledge on the HIV epidemic
 - HIV-related stigma
- How can we bring in new community organizations to help us in our common struggle with the HIV epidemic?

Key Lessons

- Hennepin County is the center of Minnesota's HIV epidemic
- Positively Hennepin is needed to decrease our stubborn number of HIV infections, take advantage of policy and medical advances
- Positively Hennepin aims to end the epidemic: close health disparities, an integrated public and private response to HIV
- Measuring progress towards our vision: Ten milestones to achieve by the end of 2018
- A force for institutional change: tactics to achieve Positively Hennepin's goals

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